



CONGRESSMAN
ERIC SWALWELL
Fifteenth District of California

Service Academy Nomination Application

Do not print double-sided. Please print clearly or type the following information:

I. Applicant Information

Full Name: _____

Preferred Name/Nickname: _____

Social Security Number: _____

Permanent Address: _____

Temporary Address (if applicable): _____

Phone Number: _____ E-mail: _____

Date of Birth: _____

Will you be between the ages of 17 and 22 by July 1 of the year you are admitted?

☐ Yes ☐ No

Mother's Name: _____

Father's Name: _____

Legal Guardian(s) (if applicable): _____

Are you applying for a nomination from any other official? ☐ Yes ☐ No

From whom?

☐ President ☐ Vice President ☐ Sen. Harris ☐ Sen. Feinstein ☐ Other: _____

It is in your best interest to request a nomination through all sources available to you. If your father or mother is active duty military or was killed in action, you may be eligible for a Presidential or Vice Presidential nomination. Please consult the Service Academy Information Sheet for applicable address.

Will you be a United States' citizen at the time of enrollment? ☐ Yes ☐ No

Have you applied for a nomination in a previous year? ☐ Yes ☐ No

II. Academy Preferences

Please rank the academies you intend to interview for. Ranking your first choice as "1." If you are only applying to one academy, only rank that academy with a "1" and leave all others blank.

_____ Air Force _____ Army _____ Navy _____ Merchant Marine

Have you been contacted directly by an academy? ☐ Yes ☐ No

If yes, by which academy and by whom?

III. Academic Information

High School: _____

School Address: _____

Expected Graduation Year: _____

Please have your official transcripts sent to our office.

Test Scores: SAT: Reading/Writing _____ Math _____

ACT: English _____ Math _____ Reading _____ Science/ Reasoning _____

Plus Writing _____ (required by USMA)

Please have official score reports sent to our office.

College Board/SAT ID: 4475 ACT ID: 7254

SAT/ACT scores reported on your official certified transcript are acceptable.

Are you scheduled to re-take any of your tests? ☐ Yes ☐ No

If so, what date(s): _____

Class Rank: _____ out of _____ class size. ☐ My school does not rank.

Grade Point Average (GPA): _____ Grade Scale Used: _____

Grade Point Average, Scale, Class Rank and Size must be included on your high school transcript.

Advanced Placement Courses Taken: Score Received: Year Taken:

High School Academic Awards or Special Achievements: Year Received:

College Attended (if applicable): _____

Mailing Address: _____

Major: _____ Years Attended: _____

Units Completed: _____ Grade Point Average: _____

College Academic Awards or Special Achievements: Year Received:

Is there any information concerning your transcript or test scores you want the Congressman or interview panel to know?

IV. Athletic Activities

Grades 9-12 and college (if applicable)

Sport Played	Years in Sport	Number of Varsity Letters	Years as Captain or Co-Captain

Athletic Awards or Special Achievements:

Year Received:

Have you been in contact with athletic coaches or staff at any academy? ☐ Yes ☐ No
If so, please list:

Academy Sport Coach/Contact Name Telephone Number

V. Non- Athletic Activities

Have you been?

Year(s) Participated (Grades 9-12 or College):

<input type="checkbox"/> Class President	_____
<input type="checkbox"/> Class Officer	_____
<input type="checkbox"/> Student Body Officer	_____
<input type="checkbox"/> JROTC Detachment Commander	_____
<input type="checkbox"/> JROTC Member	_____
<input type="checkbox"/> Officer of a school club	_____
<input type="checkbox"/> Boys/Girls State	_____
<input type="checkbox"/> Boys/Girls Nation	_____
<input type="checkbox"/> National Honor Society	_____
<input type="checkbox"/> Eagle Scout/Gold Award	_____
<input type="checkbox"/> Boy/Girl Scout Member	_____
<input type="checkbox"/> Civil Air Patrol Member	_____
<input type="checkbox"/> Civil Air Patrol Detachment Officer	_____
<input type="checkbox"/> 4-H/FFA Member	_____
<input type="checkbox"/> 4-H/FFA Club Officer	_____
<input type="checkbox"/> Other Officer Non-School Club	_____
<input type="checkbox"/> Editor School Publication	_____
<input type="checkbox"/> Drama/Speech/Debate Club Member	_____
<input type="checkbox"/> School Band/Chorus	_____

Non-athletic extracurricular activities/leadership programs:

Year(s) Participated:

Non-athletic awards or special achievements:

Year(s) Received:

VI. Prior Service

Have you served in the U.S. Armed Forces? [] Yes [] No

If yes, circle: Active / Guard / Reserve

Branch of Service: _____ Years of Service: _____ Highest Rank: _____

Has your parent, grandparent or sibling attended any service academy?

Name _____ Academy Attended _____ Graduation Year _____

VII. Employment History

Please list only the last five years, listing your most recent position first.

Place	Dates	Position	Hours per week

What prompted you to seek employment?

VIII. Ethics

In five hundred words or less, please describe how you handled a difficult ethical choice you have had to make or a situation that tested your integrity.

IX. Why You Want to Serve

In five hundred words or less, explain why you want to attend a service academy.

X. Optional

In two hundred words or less, is there any additional information you want the Congressman to know?

IX. Privacy Act Statement

The submission of the requested information constitutes authorization for review of this information by Representative Eric Swalwell his staff, his Service Academy Review Board, the Academy Admission Offices, and the media.

The information provided in this application is true and correct to the best of my knowledge. I understand that in addition to this application, I am also required to submit all of the items on the application check-list. I further understand that Representative Swalwell's office must be in receipt of all application materials no later than **5:00PM on November 1, 2019.**

Signature: _____ Date: _____

Return your completed application to:

Office of Congressman Eric Swalwell
Attn: Service Academy Nominations
3615 Castro Valley Boulevard
Castro Valley, CA 94546